

**2002  
Michigan  
Consumer  
Assessment of  
Health Plans  
Survey  
(CAHPS®)**

***Full Analysis  
Report: Managed  
Care Population***

**Final**

June 2003

**Prepared for:**  
Michigan Department  
of Community Health  
400 South Pine St.  
Lansing, MI 48909

**Prepared by:**  
NCS Pearson  
4401 West 76<sup>th</sup> St.  
Edina, MN 55435

## TABLE OF CONTENTS

Background .....	1-1
Survey Methodology .....	1-3
CAHPS 2.0H Questionnaires .....	1-3
Sample design and implementation .....	1-4
Data collection procedures .....	1-5
Data cleaning and submission .....	1-5
Description of the Survey Measures .....	1-6
The Respondents	
Adult Survey .....	1-6
Child Survey .....	1-10
Results for Michigan .....	1-14
Michigan Summary .....	2-1
Plan Summaries .....	3-1
 Plan Comparison Tables .....	 Appendix A
Questionnaires .....	Appendix B

## MICHIGAN CONSUMER ASSESSMENT OF MEDICAID HEALTH PLANS

### BACKGROUND

States must expend billions of dollars each year to care for the Medicaid population. In order to provide beneficiaries with greater access to preventive services, and to cope with the increasing cost of care, states have turned to managed care as an alternative to traditional fee-for-service coverage.

In order to ensure that states are obtaining value for the funding they provide to contracted health plans, states need a mechanism for evaluating the care that Medicaid beneficiaries receive. It is imperative that state Medicaid agencies have reliable and timely information about beneficiary utilization of, and satisfaction with, health care services and providers. A consumer satisfaction survey is an analytic tool which can assist states in their efforts to evaluate beneficiary perceptions of care and service. The information obtained from consumer surveys should:

- ✓ allow states to determine whether their beneficiaries are receiving quality care
- ✓ allow states to provide feedback to plans to improve care quality
- ✓ allow states to encourage plan accountability
- ✓ allow states to provide plans with specific action plans

### THE MICHIGAN SURVEY

The state of Michigan selected an evaluation tool from the National Committee for Quality Assurance (NCQA)<sup>1</sup> in order to monitor the quality of services provided to its Medicaid beneficiaries. NCQA provides training to research firms in the proper application of their evaluation tool. The Michigan Department of Community Health (MDCH) contracted with NCS Pearson, an NCQA-certified vendor, to perform a survey of its Medicaid managed care enrollees.

---

<sup>1</sup> *The National Center for Quality Assurance (NCQA) is a not-for-profit organization that has a supervisory role in the managed care industry.*

The health plans participating in the 2002 Managed Care survey included:

- Botsford Health Plan (BOT)
- Cape Health Plan (CAP)
- Care Choices HMO (CAR)
- Community Care Plan (CCP)
- Community Choice Michigan (CCM)
- Great Lakes Health Plan (GLH)
- Health Plan of Michigan (HPM)
- HealthPlus of Michigan (PLS)
- M-Care (MCR)
- McLaren Health Plan (MCL)
- Midwest Health Plan (MID)
- Molina Healthcare of Michigan (MOL)
- OmniCare Health Plan (OCR)
- Physician's Health Plan of Southwest Michigan (PSW)
- Physician's Health Plan of Mid Michigan (PMD)
- Priority Health (PRI)
- Total Health Care (TOT)
- The Wellness Plan (WEL)
- Upper Peninsula Health Plan (UPP)

## SURVEY METHODOLOGY

### CAHPS® 2.0H Questionnaires

The survey instruments used for this study were the CAHPS® 2.0H Adult and Child Medicaid questionnaires. These instruments belong to a group of questionnaires that were developed, under the sponsorship of the Agency for Healthcare Research and Quality (AHRQ), by a consortium composed of researchers from the Harvard Medical School, the Research Triangle Institute and RAND®.

The CAHPS® products were developed in response to the demand for information regarding consumers' experiences with health plans, and the need to standardize this information so as to enable comparisons across plans. AHRQ also envisioned data to allow consumers to make informed choices in their selection of health plans. Worded so as to be understandable to a broad range of consumers, the questions in the CAHPS® instrument have been proven to discriminate among managed care organizations. Some of the survey questions are combined to form composite scores that summarize key areas of care and service, making it easier for the consumers and purchasers to use the results. In addition, the survey instrument is available both in English and Spanish and can be administered through mail or by telephone.

#### *Michigan Medicaid Managed Care Adult CAHPS®*

The Michigan Department of Community Health (MDCH) chose to include supplemental items in its 2002 Adult CAHPS® questionnaire. These supplemental items included questions about prescription drugs, transportation requests, and interaction with *Michigan Enrolls* (the MDCH contractor responsible for enrolling eligible beneficiaries into Medicaid health plans).

#### *Michigan Medicaid Managed Care Child CAHPS®*

Michigan chose to use a new version of the CAHPS® Child questionnaire that includes questions designed to collect data on health care services for children. This allows for the measurement of basic aspects of health care quality separately for children who do and do not meet the criteria for having a special health care need (although this comparison is not addressed in this report). Michigan did not add supplemental items to the Managed Care Child Survey.

#### **INSTRUMENTS**

Michigan chose to use the CAHPS® 2.0H instruments.

Topics include:

- Access to care
- Timeliness of care
- Communication
- Office staff
- Customer service
- Tobacco use among adults
- Provider and Plan Ratings

#### **SUPPLEMENTAL ITEMS**

Michigan chose to add content to the CAHPS® 2.0H Adult instrument, including questions about:

- Prescription drugs
- Transportation
- *Michigan Enrolls*

## Sampling Design and Implementation

NCQA HEDIS/CAHPS® methodology was followed for the sample design. A simple random sample is selected from each health plan or program of interest, with the goal of obtaining at least 411 usable questionnaires. Each year, NCQA revises the sample size required to reach the desired number of completes, based on results from the standard NCQA methodology from previous survey administrations.

Health plans (working with NCQA- certified auditors) delivered sample frames to NCS Pearson. These frames included all members eligible for participation in the 2002 Michigan Medicaid CAHPS®. The sample frames were used as the basis for the sample selection.

### *Adults*

The NCQA HEDIS/CAHPS® methodology for 2002 required that a minimum of 1,275 adults be sampled from each health plan. After consultation with representatives from NCQA, sampling was completed in two phases. The first phase included an initial draw of 1,500 adult members. The sample was drawn by sorting the file in zipcode order, and then taking a systematic sample (every Nth case) until a sample of 1500 was reached. The sort was used to ensure geographic representation.

The resulting cases were sent through the National Change of Address (NCOA) database, maintained by the U.S. Postal Service. The returned file was processed so that persons residing at the same address were randomly removed from the sample (NCQA requires that only one person per household is surveyed about a given health plan). After deduplication, a random 1,275 Adult members were selected from each health plan to be included in the Michigan survey.

### *Children*

The NCQA HEDIS/CAHPS® methodology for 2002 required that 2,925 children be sampled from each health plan. The design included two strata of children: the general population, and children with special health care needs identified through service use criteria.

The sample for the children diverged from the adults in that the entire sample frames were sent for NCOA updates. The returned files were processed so that children with the same address were randomly removed from the sample (note that children were also removed from the frame if an adult at that address had been sampled for the same health plan in the Adult Survey – again, NCQA requires that only one survey per health plan is delivered to an address).

For the Child Survey, the NCQA methodology specifies that two samples be generated. The first sample is a random draw of 1,275 children from the deduplicated sample frame for each health plan. The remaining children in the frame are then assessed for a history of chronic care services. Those who have not required services in the past 12 months are removed from the file. The children who remain in the file are those who had received care for a chronic condition based on ICD – 9 –CM Diagnosis Codes. A random sample of 1,650 chronic-needs children is drawn, and added to the 1,275 children drawn for the first sample. Many health plans did not have a sufficient number of child members with chronic care needs, and therefore many of the child samples were smaller than the desired 2,925. Only the first sample (n=1,275) is reported on in this document.

### **ELIGIBILITY**

Health plans and their auditors develop frames of eligible plan members.

Eligible adults were age 18 or above and children age 12 and below.

Eligible members were continuously enrolled in the plan during 5 of the last 6 months of 2001.

## Data Collection

The project design included a mixed methodology of mail and telephone data collection. The mail survey followed the 2002 NCQA protocol, which includes making multiple contacts with the sample members by mailing the following materials:

- Wave 1: survey package with personalized detached cover letter
- Reminder postcard
- Wave 2: survey package with personalized detached cover letter
- Reminder postcard

Plan members who did not respond to the mail survey after the second reminder postcard were contacted by telephone. The telephone component to non-respondents follows the HEDIS/CAHPS® 2.0H protocol and includes three attempts at different times of the day, on different days of the week. Calls are made from 9am to 9pm member time. All telephone survey data were captured by a computer-assisted telephone interviewing (CATI) system.

A toll-free help line was available for any questions from the members. This line was functional at the time of the first mailing piece during the hours of 10am to 9pm, Monday through Friday, EST.



### DATA COLLECTION PROCEDURES

1. Questionnaire with cover letter
2. Reminder postcard
3. Second questionnaire
4. Reminder postcard
5. Three telephone interview attempts

## Data Cleaning and Submission

At the conclusion of the data collection period, MDCH's data collection vendor performed data cleaning and editing routines and assessed the surveys for missing data. Using the NCQA prescribed file specifications, the vendor prepared a final data file containing all member responses, as well as other required data elements associated with the administration of the survey, such as survey disposition.

## SURVEY MEASURES

### Composites and Ratings

The Adult Medicaid CAHPS® 2.0H instruments provide data on consumer experiences with health plans. These instruments include global rating questions (e.g., *On a scale from 0-10, how would you rate your doctor or nurse*) as well as summary scores, called composites, which measure several related questions, such as whether consumers received care in a timely manner.

The Adult and Child Medicaid CAHPS® 2.0H surveys include four global rating questions and five composites. The rating questions ask consumers about satisfaction with doctors/nurses, specialists, overall care from all providers, and the health plan. The composites address access to and timeliness of care, experiences with office staff as well as with the health plan, and communication with providers.

#### COMPOSITES

*Getting Needed Care*  
*Getting Care Quickly*  
*How Well Doctors Communicate*  
*Courteous and Helpful Office Staff*  
*Customer Service*

#### RATINGS

*Personal Doctor or Nurse*  
*Specialist*  
*All Health Care Providers*  
*Health Plan*

## THE RESPONDENTS

### *The Respondents: Adult Survey*

#### Response Rates

Of the 24,225 Adult surveys that were mailed out, approximately 7,898 were returned with usable data, as defined by NCQA. The 2002 survey yielded an overall response rate of 34.6%, a slight decrease from 35.1% in 2001. This decrease may be attributed to a change in the NCQA data collection protocol, which was less comprehensive<sup>2</sup> in 2002 than in 2001.

<sup>2</sup> In 2002, the NCQA methodology excluded the prenotification letter (used in 2001) and required only three follow-up telephone calls, compared with six in 2001.



## Demographic Profile

The majority of respondents to the Adult Managed Care Survey were female, older than 35 years of age, white non-Hispanic, and had a high school education or less.

**Age.** While the average age was relatively stable across plans, the plan with the highest portion of older respondents was considerably higher than the plan with the smallest portion of older respondents (29% of Community Choice respondents reported being age 45 or older, compared with 49% from OmniCare). This would be a concern if, as indicated in the literature, older members are more likely to be dissatisfied with their health care than others<sup>3</sup>. However, at least in the current data, this phenomenon is *not* readily apparent; the overall rating for the plan with the oldest respondents is higher than the rating for the plan with the youngest respondents. This is encouraging since the current NCQA methodology does not adjust the estimates based on the age of respondents.

**Gender.** In general, the proportion of females was relatively stable across plans. The proportion of female respondents to the survey overall was 72% – this is not unexpected, as a large proportion of the Adult Medicaid population is female, and females are typically more cooperative with survey research, in general. The health plans ranged from a low of 62% female respondents (Midwest) to a high of 76% (Priority).

**Race and Ethnicity.** There are vast differences in the race-ethnic composition of the respondents for the nineteen health plans. This is not unforeseen, since health plans tend to serve certain geographic areas, and since race-ethnic groups tend to reside in similar neighborhoods. However, these differences could have an impact on both the reported health status and satisfaction levels of respondents, as race and ethnicity have been shown to moderate reported levels of satisfaction and utilization<sup>4</sup>. Upper Peninsula has the fewest Non-white or Hispanic respondents of the health plans -- 9%, compared with 85% for OmniCare. Of the remaining plans, four had fewer than half of its respondents reporting that they were Non-white or Hispanic; these plans included Botsford, Wellness, Total and Cape.

**Education.** Education also varied considerably across health plans. Upper Peninsula had the highest proportion of high school graduates (75% of UPP respondents had at least a high school diploma), whereas only 48% of respondents for Midwest reported having a high school diploma or higher. Again, to the degree that education is related to satisfaction or health status, these differentials might be of analytic concern.

**Language.** Language spoken in the home is highly correlated with race and ethnicity. Midwest Health Plan has the highest portion of respondents who speak a language other than English at home. More than 26% of Midwest respondents speak a language other than English

<b>AGE</b>	
18 to 24	17%
25 to 34	23%
35 to 44	23%
45 to 64	37%
65 and older	1%
nonresponse=1%	
<b>GENDER</b>	
Male	28%
Female	72%
nonresponse=.6%	
<b>RACE ETHNICITY</b>	
White	62.6%
Afr. Amer.	24.9%
Hispanic	4.9%
Asian	1.6%
Hawaii/Pac.Isl.	0.1%
Nativ. Amer.	1.3%
Multiple Race	4.6%
nonresponse=2%	
<b>EDUCATION</b>	
8th grade or less	10%
Some HS	25%
HS grad / GED	38%
Some college	23%
4 yr college	3%
nonresponse=2.5%	

<sup>3</sup> Callahan E.J., Bertakis K.D., Azari R. and others (2000). The influence of patient age on primary care resident physician-patient interaction. *Journal of the American Geriatrics Society*, January 2000: 48 pp. 30-35.

<sup>4</sup> Murray-Garcia J., Selby J., Schmittdiel J. and others (2000). Racial and ethnic differences in a patient survey: Patients' values, ratings, and reports regarding physician primary care performance in a large health maintenance organization. *Medical Care*: 38(3) pp. 300-310.

and Spanish; another three percent speak Spanish. In line with its race-ethnicity distributions, Upper Peninsula, which has the most White non-Hispanic members, also has the most English speakers of the nineteen plans.

## Experience with the Plan

**Plan selection.** Almost two-thirds of adult respondents said that they were able to select their plan; the remaining 37% did not select a plan at the time of enrollment and were auto-assigned to a health plan. The plan with the most auto-assigned enrollees was Molina (56%). Wellness had the lowest portion of respondents reporting that they were auto-assigned to their plan (27%).

**Time in plan.** The majority of respondents had more than 12 months of experience with their health plan. Botsford has the most “inexperienced” membership responding to the survey; almost 30% of Botsford respondents have been with the health plan for fewer than 12 months. This is higher than Michigan overall (19%) and considerably higher than Physician’s Health Plan of Southwest Michigan (PSW), which has the highest portion of respondents who were members for a year or more (less than eight percent of PSW respondents reported that they were in the plan for less than a year).

Time in plan	
less than 6 mo	3%
6mo, up to 12mo	16%
12mo, up to 24mo	25%
2yr, up to 5yr	38%
5yr, up to 10yr	11%
10yr or more	7%

**Utilization.** Almost one half of adult respondents visited the doctor or clinic more than twice in the previous six months. This utilization level does not vary considerably across plans – the plans range from a low of 42% (Wellness) to a high of 56% (Midwest).

Many Michigan Medicaid managed care enrollees also received care from specialists. More than 40% of respondents reportedly saw a specialist in the previous six months, with a high of 47% (Botsford) and a low of 37% (Community Choice). Beneficiaries also reported experience with prescription drugs – 80 % of respondents said that they had filled or renewed a prescription in the previous six months<sup>5</sup>. There was little variation across plans.

Approximately 32% of adults reported visiting an emergency room for care in the previous six months Physician’s Health Plan of Mid Michigan had the highest proportion of respondents who reported a visit to an emergency room (43%). For the majority of plans, slightly fewer than one in three respondents reported visits to the ER.

<sup>5</sup> Physician’s Health Plan of Mid Michigan does not have data on prescription drug usage.

## Health Reports

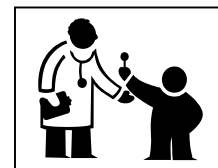
**Health Status.** Research indicates that health status is positively correlated to satisfaction with health care services<sup>6</sup>. In 2002, 58% of respondents overall reported that their health was excellent, very good or good (the remaining 42% said that their health was fair or poor). Of the 19 health plans, about 15 percentage points separated the highest from the lowest. Approximately 67% of Priority Health respondents reported that their health was excellent, very good or good, compared with 52% of Molina respondents.

**Tobacco Use.** Generally, the Medicaid population is more likely to include smokers than the general population<sup>7</sup>. This is no different in Michigan, where 43% of respondents claimed to be current smokers. Differences across plans were not extreme, with Community Choice respondents on the high end (48%) and OmniCare respondents on the low end (37%).

## The Respondents: Child Survey

### Response Rates

The data contained in this report were based on a random sample of the overall Medicaid child population in Michigan. Of the 23,648<sup>8</sup> Child questionnaires that were mailed out to this sample, approximately 6,606 were returned with usable data, as defined by NCQA, and 566 were ineligible for the survey (either because the sampled person was deceased, did not meet the eligible population criteria or had a language barrier). The 2002 survey yielded an overall response rate of 28.6%, a decrease from 31.5% in 2001. The NCQA data collection was less comprehensive in 2002 than in 2001. In 2002, the NCQA methodology excluded a prenotification letter which was used in 2001; the 2002 methodology also required only three follow-up telephone calls, compared with six in 2001.



*Note that Botsford and Care Choices each had fewer than 200 completed cases upon which the analyses are based. Such a low sample size means that there is less “power” to detect statistical differences. Throughout the results, the reader may see differences that, while appear large, are not statistically different. This can be, in part, due to small sample sizes.*

<sup>6</sup> *Frequently Asked Questions: CAHPS® Data Analysis*, on the Agency for Healthcare Research and Quality (AHRQ) website. [www.ahrq.gov/qual/cahps/faqdata.htm](http://www.ahrq.gov/qual/cahps/faqdata.htm)

<sup>7</sup> Using data from the 2000 Behavioral Risk Factor Surveillance System, we find that 21.5% of the privately insured were current smokers, compared with 35.5% of Medicaid beneficiaries.

<sup>8</sup> An additional sample of children was surveyed, but are not included in this report. These children were sampled because they had received health services for chronic care needs, as defined by the NCQA. This supplemental sample included 17,165 children, and so the total number of children who were mailed surveys was 40,813; the total number returned was 7,712.

## Demographic Profile

The majority of respondents to the Child Questionnaire were English-speaking females, with a high school education or more, whose child was white. A slight majority of the children, 52%, were male.

**Gender.** The mix of male and female children was generally stable across plans, ranging from a low of 48% males in Wellness, to a high of 58% males in Botsford. Over 90% of the adults completing the Child questionnaire were female; only seven percent were male. This is not surprising, given that it is generally accepted that female parents or guardians are more likely to accompany children on visits to a doctor or clinic, and it is more common for the female head of household to respond to surveys requiring information about the child's medical experiences.

**Race and Ethnicity.** There are vast differences in the racial and ethnic compositions of children across the health plans. Plan diversity ranged from a high of 91% minority children in OmniCare, to a low of 16% minority children in the Upper Peninsula Health Plan. Of the remaining plans, six reported that the majority of the children surveyed were Hispanic or non-white: Botsford, Cape, Care Choices, Total, and Wellness. These variations in racial-ethnic composition could have differentially impacted ratings of children's health status and ratings of health care, as poorer health and lower satisfaction with care may be associated with minority status<sup>9</sup>. The adjacent figure demonstrates the overall race and ethnicity results for the Michigan Child CAHPS.

RACE ETHNICITY	
White	59.2%
Afr. Amer.	20.8%
Hispanic	8.9%
Asian	1.8%
Hawaii/Pac.Isl.	0.0%
Nativ. Amer.	1.0%
Multiple Race	8.2%
nonresponse=1.6%	

**Language:** About three-quarters (74%) of respondents from the Midwest Health Plan reported speaking English at home. This is in sharp contrast to the remaining 18 plans reporting that 90% or more of respondents speak English at home. One hundred percent of respondents from the Upper Peninsula Health Plan reported speaking English at home. There was a strong association between the proportion of minority respondents for a plan, and the reported incidence of language barriers with doctors in that plan.

## Experience with the Plan

**Plan Selection.** On average, about three-quarters (76%) of those who responded to the Child Questionnaire reported selecting the plan in which their child is enrolled. Care Choices had the highest number of respondents (91%) indicating they chose their plan, while Molina had the lowest percentage of respondents (58%) reporting they chose that plan.

**Time in plan.** The majority of respondents (80%) reported more than 12 months of experience with their child in that health plan. Molina respondents indicated their children had the least experience with that plan, with 29% reporting that they had been in the plan less than 12 months. Care Choices had the most experienced respondents; only nine percent said that their child had been in the plan for less than a year.

**Utilization.** More than half of the respondents (61%) indicated at least one appointment for routine care had been made in the past six months. In addition to having routine check-ups at regular intervals through the infant and toddler

### Experience with the plan

- Chose the plan: 76%
- At least one year in plan: 80%
- Ever seen provider: 92%
- More than 2 visits: 36%
- Saw specialist: 17%
- Urgent care: 42%
- Visited emergency room: 26%
- Prescription filled: 66%

stages, most preschool-aged children make regular trips to doctor's offices or clinics to receive the recommended schedule of immunizations. The vast majority of young children (under age two) in this study – as high as 97% in Physician's Health Plan of Southwest Michigan – had gone to their doctor or clinic since birth. All but one plan reported between 85% and 95% of their young children had seen a health care provider. Twenty one percent of the infants and toddlers in Health Plan of Michigan had never seen a health care provider for check ups or immunizations since they were born.

On average, 36% of respondents said that their child had visited the doctor or clinic more than twice in the past six months. However, the utilization level varied considerably across plans, ranging from a low of 22% of OmniCare's respondents to a high of 42% of Midwest Health Plan respondents, nearly twice as many, indicating two or more doctor visits in the past six months. In contrast, there was little variation across most plans in the percentage of children who had seen a specialist in the past six months, with the average around 17%. OmniCare had the lowest percentage of specialist visits (nine percent); Health Plus had the highest (22%).

A similar picture emerged from questions about urgent care. On average, 42% of respondents indicated that their children had required urgent care in the past six months, with most plans falling in a narrow range between 40% and 48%. On average, 26% of the children had been to an emergency room in the past six months.

An average of 66% of the Michigan children had a prescription filled in the past six months. Two plans at the lowest frequency of prescription use, Botsford and OmniCare, still had 55% of respondents reporting prescription use. At the high end, 72% of respondents from both Physician's Health Plan of Southwest Michigan and Health Plan of Michigan reported having prescriptions filled recently.

## Health Reports

**Health Status.** Almost 95% of the children across all plans were reported to be in good health. "Good health" is defined as answers of Excellent, Very Good, or Good to a question asking respondents to rate their child's health right now (the remaining five percent said their child's health was Fair or Poor). OmniCare respondents reported the lowest percentage of good health (90%). M-Care respondents reported the highest percentage (97%) of good health among children enrolled in that plan.

## RESULTS

### Overall Results: Michigan Medicaid Adult Survey

#### *Ratings of Health Care Providers*

The majority of respondents (76%) reported that they have a provider they consider their ‘personal’ doctor or nurse. This statistic is particularly important because the quality of health care may well be related to having a provider familiar with the member’s health history<sup>9</sup>.

There was a considerable range of plan respondents who reported a personal care giver, from a low of 67% at Midwest to a high of 87% at Upper Peninsula Health Plan.

- **Personal doctor or nurse:** 72% of all Michigan respondents rated their personal doctor or nurse highly (eight or higher on a scale of 0-10). HealthPlus and the Health Plan of Michigan both scored lowest (66%) on this rating, compared with Care Choices whose doctors and nurses rated highly among 81% of its responding members. In addition to Care Choices, Community Care, Physician’s Health Plan of Southwest Michigan and Priority were also significantly<sup>10</sup> higher than the Michigan average.
- **Specialists:** Care Choices was also one of the stronger plans in terms of specialist ratings: 79% of Care Choices respondents gave high ratings to their specialists (although this is not statistically different than the Michigan average of 74%). HealthPlus and Botsford were significantly higher than the plan average (80% and 85%, respectively). Midwest was the only plan statistically lower than the plan average; 67% of Midwest respondents rated specialists highly.
- **All health care providers:** Midwest also rated lower in ratings of health care providers, overall; 60% of respondents from Midwest, Community Care and Health Plan of Michigan gave providers high ratings, as compared with 67% for Michigan overall. On the high end, there were four plans that had ratings statistically higher than the Michigan average (Botsford, Care Choices, Priority and Upper Peninsula).

#### *Composites of Health Care Services*

As described earlier, respondents generally had experience with the plan’s health care services. More than 80% of Michigan respondents overall had visited a doctor or clinic in the previous six month period, and more than 40% had visited a specialist.

- **Getting Needed Care:** The “Getting Needed Care” composite is comprised of four items from the CAHPS® questionnaire: ease of obtaining a suitable doctor, ease of obtaining referrals for specialty care, ease of obtaining necessary health care services, and delays in care while waiting for plan approval.

<sup>9</sup> *Medical Reporter* interview with Carolyn M. Clancy, M.D., Acting Director, the Agency for Healthcare Research and Quality (AHRQ), U.S. Public Health Service, Department of Health and Human Services, Rockville, Maryland USA. August 1, 1996.

<sup>10</sup> Tests of statistical significance are based on a comparison of each plan and the average for the remaining 18 health plans, and assume a 95% confidence interval. However, for ease of discussion, we have included the overall, Michigan average (the average of all 19 plans).

According to respondents, 69% reported little or no difficulty accessing needed care (for this composite, 31% reported difficulty). There was variation across plans, with respondents from Molina and the Health Plan of Michigan reporting more difficulties accessing care (41% and 39%) compared with respondents from Upper Peninsula, who reported the least difficulties accessing care (21%).

- **Getting Care Quickly:** The “Getting Care Quickly” composite scale is comprised of four items from the CAHPS® questionnaire: obtained assistance when calling office during regular business hours, obtained appointment for routine care as soon as wanted, obtained care for an illness or injury as soon as wanted, and saw doctor no later than 15 minutes past appointed time.

For this composite scale, 77% of respondents reported that they usually or always received the care they needed in a timely manner. OmniCare and Total respondents reported the most problems (30% and 29%, respectively indicating they sometimes or never received their care quickly) while respondents for Upper Peninsula and Care Choices reported the highest percentage (84%) of timely care.

### *Composites about Interaction with Health Care Providers*

- **Communication with Doctors:** The “How Well Doctors Communicate” composite scale is comprised of four items from the CAHPS® questionnaire: providers listen carefully to the plan member, providers explain things in a way that the member can understand, providers show respect for what the member has to say, and providers spend enough time with the member. As indicated earlier, respondents generally had experience with the plan’s health care providers.

In general, respondents were very positive about their communication experiences with doctors. Eighty-four percent of respondents said that they usually or always had positive communication experiences with their doctors. There was not considerable plan variation for this composite, and all plans but Health Plan of Michigan were over 80% on this composite scale. On the low end, 77% of Health Plan of Michigan respondents reported positive communication experiences, as compared with 88% of Priority respondents. As with Health Plan of Michigan, Community Choice was statistically lower than the Michigan average, while five plans (including Priority) measured higher than the average.

- **Interaction with Office Staff:** The “Courteous and Helpful Office Staff” composite is comprised of two items from the CAHPS® questionnaire: office staff members show courtesy and respect, and office staff members are as helpful as members think they should be.

Respondents were quite positive about their interactions with office staff. For this composite, 87% of respondents reported that they usually or always had positive experiences with the staff at their doctor’s offices and clinics. As with the communication composite, this scale was not exceedingly variable across plans. Measures range from Wellness (81%) to Priority (93%), which also scored highest on

provider communication. In addition to Wellness, Midwest and the Health Plan of Michigan measured significantly (although not substantially) lower than the Michigan average; while Priority, Upper Peninsula, Botsford and Care Choices measured higher (although, again, not substantially so).

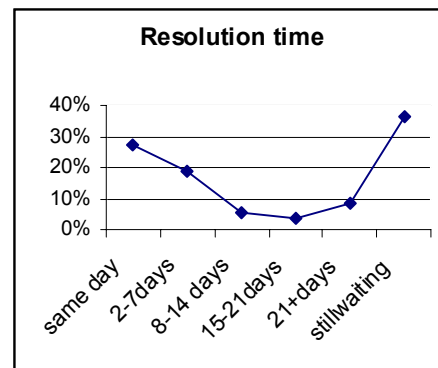
### ***Satisfaction with Health Plan***

While there is one item in the questionnaire that asks respondents to rate their overall experience with the health plan, there are other items that also provide an indication of the respondent's experiences with the health plan. These items, and also the composite "Customer Service," are described here.

- **Customer Service:** The "Customer Service" composite is comprised of two items from the CAHPS® questionnaire: difficulty with getting information from written materials and problems obtaining assistance from the customer service help line.  
  
Approximately half of the respondents reported that they had either tried to contact customer service to obtain information or assistance, or they had attempted to obtain written information about the plan. Slightly more than 48% of respondents said they had difficulty obtaining assistance from customer service (close to 62% did not report any problems). This is the lowest rating of the five composites. For the Wellness Plan, close to half of the respondents who had an experience with written materials or with customer service reported that they had experienced a problem. Molina was also statistically below average, with about 47% of respondents reporting problems. Botsford, Physician's Health Plan of Mid Michigan and HealthPlus had more positive ratings than the average.
- **Information received before joining plan:** Almost two-thirds of respondents reported that they had obtained materials about the health plan before joining. These respondents were asked whether the information they were provided before they joined was accurate. In general, respondents reported that the materials were accurate: 86% reported that the materials were all or mostly correct. This ranged from a low of 77% for Midwest, to a high of 93% for Physician's Health Plan of Southwest Michigan.



- **Contacted plan with a complaint or concern:** Almost 13% of respondents said they had contacted their plan with a complaint or concern over the previous six-month period. This varied considerably across plans, with respondents from Upper Peninsula reporting the fewest complaint contacts (eight percent) and respondents from Health Plan of Michigan reporting the most (17%). As with Upper Peninsula, both Physician's Health Plan of Southwest Michigan and Priority had statistically fewer reported complaints than Michigan respondents overall.



Of those who said that they registered a complaint or concern, the distribution of the time it took to resolve the complaint is U-shaped. That is, there is a large portion at the low end of the distribution (complaints that were resolved the same day) and a large portion at the high end (those complaints where the respondent is still waiting for resolution).

Of those respondents who had obtained a response by the time of the survey, the majority were satisfied with the outcome (73%); however, there is a question of whether satisfaction is at least partly related to the time it takes to resolve the issue (and therefore those whose issues remain unresolved might be less satisfied once their issues are resolved).

The sample sizes here are quite small, but two plans were statistically different than the average: 54% of the 26 Wellness respondents who provided data were satisfied with the outcome of their complaint or concern, compared with 95% of 20 Botsford respondents.

- **No difficulties getting a prescription filled<sup>11</sup>:** As indicated earlier, the majority of respondents had filled or renewed a prescription in the previous six months (80%). Of these, 72% of respondents reported no difficulties obtaining the prescription through their health plans. There was considerable variation across plans: 88% of M-Care respondents reported no problems filling or renewing a prescription, while 57% of Molina respondents reported no difficulty.
- **Overall experience with health plan:** Respondents were asked to rate their overall experience with the health plan. In general, respondents rated their health plans less positively than they had their health care providers, and also less positively than their specific experiences with the plans. Slightly more than 60% of all Michigan respondents rated their health plan highly (eight or higher on a scale of 0-10). There was considerable variation across plans, with 48% of Molina respondents and 50% of Wellness respondents providing high ratings of their health plans; these compare to 71% for Physician's Health Plan of Mid Michigan.

<sup>11</sup> As indicated elsewhere, Physician's Health Plan of Mid Michigan does not have data on prescriptions.

## ***Michigan ENROLLS***

The state of Michigan contracts with Michigan ENROLLS which is responsible for enrolling and educating people who are eligible for membership in Medicaid health plans. In 2002, supplemental questions were placed in the Adult Survey asking respondents about their experiences with Michigan ENROLLS. Recent plan enrollees (those in the health plan for one year or less) were asked questions about assistance they received from the Michigan ENROLLS program. Only 15% of respondents reported that they were recent enrollees. The questions were limited to recent enrollees in order to reduce the burden on respondent memories. However, many respondents who were enrolled for more than one year still opted to answer these questions. About 40-50% of respondents, in fact, opted to answer the questions about Michigan ENROLLS, even though only 15% were instructed to.

- **Information from Michigan ENROLLS:** Respondents were asked whether they received information on their health plan choices from Michigan Enrolls before they signed up for their current plan. Approximately 50% of respondents answered this question. Of those members who responded to this questionnaire item, 64% reported that they had received information on choice before enrolling.
- **How was Information Received:** Respondents who reported receiving information on choice were asked how they received that information. The question was a mark-all-that apply, and so respondents could report more than one source. Almost 43% of respondents selected at least one of the sources. Of those respondents who selected *at least one* information source, the vast majority said that they received information from Michigan ENROLLS through the mail (74%). A little more than 19% reported receiving information from the Michigan ENROLLS toll-free Hotline. Only five percent reported meeting with a counselor, and two percent said that they attended a meeting. More than 18% of respondents said that they could not recall how they obtained the information on choice.
- **Awareness of Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked if they were aware of the toll-free telephone number for assistance in making their plan choice. Close to half of the respondents answered this question. Of those who responded, 66% said that they were aware of the Hotline.
- **Member Utilization of the Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked if they called the toll-free telephone number for assistance in making their plan choice. Approximately 40% of respondents answered this question. Of those who responded, 43% said that they had called Michigan ENROLLS.
- **Experience Using the Michigan ENROLLS Toll Free Telephone Number:** Respondents were asked whether they received all, some or none of the advice or help they needed upon reaching the Hotline staff. Approximately 27% of respondents provided answers to this question. Of those who did respond, the majority reported receiving all (46%) or at least some (29%) of the assistance they required. Approximately 25% reported receiving no assistance (11% because they could not get through to a staff person, and another 14% who reported receiving none of the advice or help they needed).
- **Overall Satisfaction with Michigan ENROLLS:** Respondents were asked to rate their overall experiences with Michigan ENROLLS. Approximately 46% provided a

response to this rating question. As other rating questions in the survey, respondents were asked to rate using a scale from 0 to 10, where 0 was considered “worst experience” and 10 considered “best experience.” Approximately 56% of those who responded to the question rated the Michigan ENROLLS positively (that is, they rated it eight or higher).

## Overall Results: Michigan Medicaid Child Survey

### *Ratings of Health Care Providers*

A majority of respondents (79%) reported that their child has a provider that they consider to be the child’s personal doctor or nurse. This measure is a key indicator of the provider’s ability to become familiar over time with a child’s behavioral, emotional, and physical well-being and growth, all of which help to inform the diagnosis and treatment of children’s medical conditions. At the low end of the scale, 65% of respondents in Midwest Health Plan reported that their child had what they considered to be a personal doctor or nurse, compared to 91% of Upper Peninsula Plan respondents, who reported the highest incidence of having a personal caregiver for their child.

- **Personal doctor or nurse:** 75% of all Child Survey respondents rated their child’s personal doctor or nurse highly (eight or higher on a scale of 0 – 10). M-Care scored highest, with 85% of respondents rating their child’s doctors and nurses highly. Botsford, McLaren and Priority were also rated significantly higher than the Michigan average on this issue. The lowest rating of doctors and nurses came from OmniCare’s respondents, where only 66% received a high rating.
- **Specialists:** In contrast, OmniCare had the strongest numerical showing among all plans on the rating of children’s specialists, with 82% giving the specialists a high rating. Priority, with 79% of respondents rating their children’s specialists highly, was statistically higher than the all plan average<sup>13</sup>. The average for the state was 70%, but the range on this issue was broad, with the lowest rating of 56% coming from Total’s respondents. No plan was statistically below average on this issue.
- **All Health Care Providers:** When asked to think about all of their child’s providers and their child’s overall health care, 73% of Michigan respondents rated that care highly. Two plans – M-Care and Priority – were significantly higher in their ratings of all providers (84% and 78% respectively). Molina and OmniCare were significantly lower (67% and 65% respectively) in their ratings of all health care.

### ***Composites: Access to Health Care Services***

Respondents to the Child Questionnaire indicated that they are experienced with the services of their child's health plan. The majority of children have been in the plan for more than one year and have had recent appointments for routine health care.

- **Getting Needed Care.** Four questionnaire items comprise this composite measure which assesses whether respondents were able to obtain needed care for their children. They were asked if they were able to acquire a doctor they were happy with, if they were able to obtain referrals to specialists as needed, if they received the care that was necessary for their child, and whether they experienced delays in their child's care due to the plan approval process.

According to respondents, about 69% felt that they had no difficulty getting the care they need for their child. Respondents from Molina expressed the greatest difficulty, with 35% of members indicating they had problems accessing care for their children. Several plans were rated better than other plans on this issue. Botsford, Community Care, M-Care, Health Plus, Physician's Health Plan of Mid-Michigan, and Upper Peninsula were all rated highly on providing the care members needed.

- **Getting Care Quickly.** Respondents were asked about the timeliness of their child's care from several perspectives. Did they get the help or advice they needed when they called the doctor's office or clinic? Were they able to get appointments for routine care and for urgent care right away? Once they arrived for their appointment, did they have to wait long to have their child seen by the doctor or nurse?

A large majority of respondents (81%) believed that the care their child needed had been provided in a timely manner. M-Care members rated their plan significantly better than that, with 90% saying they received timely care for their child. Only 68% of OmniCare's members felt that they were receiving timely care.

### ***Interaction with Health Care Providers***

- **How Well Doctors Communicate Composite.** To assess how well doctors communicate with children and parents, the Child questionnaire asked respondents to rate how often doctors listened carefully to them, explained things to them, showed respect for what they had to say, and spent enough time with their child. These items comprise the How Well Doctors Communicate composite.

An impressive 88% of those surveyed said that their doctors always or usually communicated well with them. Those in Upper Peninsula and M-Care achieved the highest ratings in communication, with 92% rating their communication with doctors positively. Wellness and Total received the lowest ratings for communication with doctors (82% and 83%, respectively).

- **Courteous and Helpful Office Staff Composite.** Asked if the provider office staff they interacted with were courteous and helpful, 90% of the respondents said yes. Members of M-Care, Priority, and Upper Peninsula rated their office staff more

positively than members of other plans (with 94%, 93%, and 93% positive responses, respectively). Members of OmniCare rated provider office staff significantly lower (85%) than the average percentage on being courteous and helpful.

- **Reminders for check-ups or shots.** If their child was under two years of age, respondents were asked if they had received any reminders from the clinic to bring the child in for a check up or for shots or drops. Seventy one percent said yes. There is a wide variation in practice among Michigan's health care providers, with plans ranging from 59% (McLaren) to 90% (Priority) of respondents saying they received reminders.
- **Providers explain things to child.** On average, 83% of respondents said that providers usually or always explained things to their children in ways their children could understand. Community Care Plan was a top performer on this issue, with 89% of their respondents saying that doctors explained things in a way their child could understand. Upper Peninsula Health Plan was also rated above average, at 88%. The Wellness Plan, at 74% (nine percentage points lower than the top plan), was the only plan ranked below average on how often providers explained things well to their children.

### *Satisfaction with Health Plan*

- **Customer Service Composite.** This composite is comprised of two items. The first asks respondents who sought written materials whether they experienced a problem finding or understanding information in those materials. The second item asked users of the plan's customer service line whether they had problems obtaining assistance.

On average, respondents gave a low rating to customer service. When they referred to written materials for information, or when they called the plan for help, 32% reported that it was a big or small problem obtaining the help they needed. Physician's Health Plan of Mid-Michigan had the highest proportion of respondents indicating that it was not a problem to obtain the customer service assistance (80%). Molina respondents reported the greatest difficulty, with nearly half reporting a problem getting help from customer service.

- **Overall experience with health plan:** Asked to rate their child's health plan overall, Michigan respondents were much more critical than they were of the specific issues they had assessed in the questionnaire. High ratings (choosing eight to ten on a 0 – 10 scale) for the health plan were given by 69% of the respondents, although they had rated their experiences with specific providers and services considerably higher. The five high-performing plans (M-Care, Health Plus, Physician's Health Plan of Mid-Michigan, Priority, and Upper Peninsula) ranged between 73% and 82% positive ratings overall. Five plans had statistically lower ratings overall, including: Community Choice, Great Lakes, Health Plan of Michigan, Molina, and Wellness. Molina had the lowest rating, with only a little more than half of its members providing the plan with a high rating (54%).

**SECTION 2**

**ADULT AND CHILD  
MANAGED CARE MEDICAID  
MEMBERS:  
  
MICHIGAN SUMMARY**

## MICHIGAN ADULT HEALTH PLAN

This page contains a brief summary of major results for all of the plans collectively. To review the performance of individual plans, refer to the plan summaries in Section 3.

### Demographic Profile

<b>Female</b>	<b>72%</b>
<b>Age 45 or older</b>	<b>38%</b>
<b>Less than high school education</b>	<b>35%</b>
<b>Non-white or Hispanic</b>	<b>37%</b>
<b>Language other than English</b>	<b>4%</b>
<b>Had language barrier with physician</b>	<b>21%</b>

### Plan Experience / Utilization

<b>Plan member for less than 12mo</b>	<b>19%</b>
<b>Chose their plan</b>	<b>63%</b>
<b>Needed urgent care for illness/injury</b>	<b>47%</b>
<b>Visited an ER for care</b>	<b>32%</b>
<b>More than 2 doctor visits in past 6mo</b>	<b>48%</b>
<b>Saw a specialist</b>	<b>40%</b>
<b>Filled/renewed a prescription</b>	<b>80%</b>
<b>Smoker advised to quit at office visit</b>	<b>67%</b>

### Satisfaction with Health Plan

<b>Composite: Customer Service</b>	<b>62%</b>
(% 'Not a problem')	
<b>Received correct info before joining**</b>	<b>86%</b>
<b>No problems getting prescriptions**</b>	<b>72%</b>
<b>Always got prescription through plan**</b>	<b>57%</b>
<b>Called/wrote health plan with complaint</b>	<b>13%</b>
<b>Rate health plan highly (8+)</b>	<b>60%</b>

### Health Status

<b>Health is excellent, very good or good</b>	<b>58%</b>
<b>Current smoker</b>	<b>43%</b>

### Health Care Services

<b>Composite: Getting Needed Care</b>	<b>69%</b>
(% 'Not a problem')	
<b>Composite: Getting Care Quickly</b>	<b>77%</b>
(% 'Not a problem')	
<b>8+ day wait for routine care**</b>	<b>24%</b>
<b>4+ day wait for illness/injury**</b>	<b>25%</b>

### Interaction with health care providers

<b>Composite: Communication w/ Dr.</b>	<b>84%</b>
(% 'usually' or 'always' positive)	
<b>Composite: Interaction w/ office staff</b>	<b>87%</b>
(% 'usually' or 'always' positive)	

### Medical Providers

<b>Have personal dr/nurse</b>	<b>76%</b>
<b>Rate dr/nurse highly (8+)</b>	<b>72%</b>
<b>Rate specialist highly (8+)</b>	<b>74%</b>
<b>Rate overall care highly (8+)</b>	<b>67%</b>

\*\* This percentage is based on only those respondents who had an experience to report.

## MICHIGAN CHILD HEALTH PLANS

This page contains a brief summary of major results for all of the plans collectively. To review the performance of individual plans, refer to the plan summaries in Section 3.

### Demographic Profile

<b>Female<sup>†</sup></b>	<b>48%</b>
<b>Non-white or Hispanic<sup>†</sup></b>	<b>41%</b>
<b>Language other than English<sup>†</sup></b>	<b>4%</b>
<b>Had language barrier with physician<sup>†</sup></b>	<b>19%</b>

### Plan Experience / Utilization

<b>Plan member for less than 12 months</b>	<b>20%</b>
<b>Chose their plan</b>	<b>76%</b>
<b>Needed urgent care for illness/injury</b>	<b>42%</b>
<b>Visited an ER for care</b>	<b>26%</b>
<b>More than 2 doctor visits in past six months</b>	<b>36%</b>
<b>Went to doctor for check-up/shots<sup>††</sup></b>	<b>92%</b>
<b>Saw a specialist</b>	<b>17%</b>
<b>Filled/renewed a prescription</b>	<b>66%</b>

### Satisfaction with Health Plan

<b>Composite: Customer Service</b>	<b>68%</b>
(% 'Not a problem')	
<b>Received correct info before joining<sup>**</sup></b>	<b>62%</b>
<b>Called/wrote health plan with complaint</b>	<b>5%</b>
<b>Rate health plan highly (8+)</b>	<b>69%</b>

### Health Status

<b>Health is excellent, very good, or good</b>	<b>95%</b>
--	------------

### Health Care Services

<b>Composite: Getting Needed Care</b>	<b>79%</b>
(% 'Not a problem')	
<b>Composite: Getting Care Quickly</b>	<b>81%</b>
(% 'Not a problem')	
<b>8+ day wait for routine care<sup>**</sup></b>	<b>17%</b>
<b>4+ day wait for illness/injury<sup>**</sup></b>	<b>7%</b>

### Interaction with health care providers

<b>Composite: Communication With Doctor/Nurse</b>	<b>88%</b>
(% 'usually' or 'always' positive)	
<b>Composite: Interaction With Office Staff</b>	<b>90%</b>
(% 'usually' or 'always' positive)	

### Medical Providers

<b>Have personal doctor/nurse</b>	<b>79%</b>
<b>Rate doctor/nurse highly (8+)</b>	<b>75%</b>
<b>Rate specialist highly (8+)</b>	<b>70%</b>
<b>Rate overall care highly (8+)</b>	<b>73%</b>
<b>Provider asked about child's development</b>	<b>83%</b>

<sup>†</sup> These demographics were compiled for the child, rather than the respondent.

<sup>††</sup> This item was asked only for the children under 2 years of age.

<sup>\*\*</sup> This percentage is based on only those respondents who had an experience to report.